

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 21, 2007

Signature: 
(William A. DiBianca)

NOV 26 2002

Docket No.: SPINE 3.0-437 CIPCIIPCIPCIPCIPCON I
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :
Errico et al. :
Application No.: 10/784,646 : Group Art Unit: 3738
Filed: February 23, 2004 : Examiner: B. E.
Pellegrino :
For: ARTIFICIAL INTERVERTEBRAL DISC :
TRIAL HAVING A CONTROLLABLY :
SEPARABLE DISTAL END :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Official Action mailed May 21, 2007, Applicants submit the following amendments and remarks.



AMENDMENT TRANSMITTAL LETTER

Docket No.
SPINE 3.0-437 C1PC1PC1PC1PC1PC1PC1CON1

Application No.
10/784,646-Conf. #8184

Filing Date
February 23, 2004

Examiner
B. E. Pellegrino

Art Unit
3738

Applicant(s): Joseph P. Errico, Michael W. Dudasik, and Rafaik Zubok

Invention: ARTIFICIAL INTERVERTEBRAL DISC TRIAL HAVING A CONTROLLABLY SEPARABLE DISTAL END

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 20 =	1	x 50.00	50.00
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					50.00

Large Entity Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

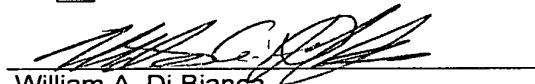
A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 12-1095
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


William A. Di Bianca

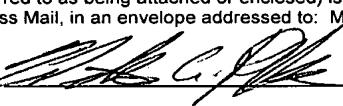
Attorney/Agent Reg. No.: 58,653

Dated: November 21, 2007

LERNER, DAVID, LITTBENBERG, KRUMHOLZ & MENTLIK, LLP
600 South Avenue West
Westfield, New Jersey 07090
(908) 654-5000

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Dated: November 21, 2007

Signature: 

(William A. Di Bianca)